

EXHIBIT A

United States Bankruptcy Court for the Northern District of Iowa Mercy Hospital, Iowa City, Iowa c/o Epiq Corporate Restructuring, LLC P.O. Box 4420 Beaverton, OR 97076-4420	For Court Use Only
Name of Debtor: MERCY HOSPITAL, IOWA CITY, IOWA Case Number: 23-00623	For Court Use Only
	For Court Use Only

ADMINISTRATIVE CLAIM

04/16


This form is for making an administrative claim for payment in a bankruptcy case.

NOTE: This form should be used only by claimants asserting an administrative claim (a) arising between August 7, 2023 and February 1, 2024 (including these beginning and ending dates) or (b) under Bankruptcy Code section 503(b)(9). IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO AUGUST 7, 2023 OR AFTER FEBRUARY 1, 2024 (EXCEPT FOR CLAIMS ARISING UNDER BANKRUPTCY CODE SECTION 503(B)(9)), AND SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO TREATMENT IN ACCORDANCE WITH 11 U.S.C. § 503. Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. If the claim arises under Bankruptcy Code section 503(b)(9), include documentation demonstrating that the Debtors received the applicable goods within 20 days before August 7, 2023. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Part 1: Identify the Claim			
1. Who is the current creditor? Name of the current creditor (the person or entity to be paid for this claim): <u>Allergan Aesthetics Div. of Abbvie Inc.</u> Other names the creditor used with the debtor: <u>Allergan, Abbvie</u>			
2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____			
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)			4. Does this claim amend one already filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims register (if known) _____ Filed on _____
Where should notices to the creditor be sent? <u>Kohner, Mann & Kailas, S.C.</u> Name <u>4650 North Port Washington Road</u> Number Street <u>Milwaukee WI 53212</u> City State Zip Code Country (if International): _____ Contact phone: <u>414-962-5110</u> Contact email: <u>evonhelms@kmksc.com</u>	Where should payments to the creditor be sent? (if different) Name Number Street City State Zip Code Country (if International): _____ Contact phone: _____ Contact email: _____	5. Do you know if anyone else has filed a proof of claim for this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim	
6. Do you have any number you use to identify the debtor? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	
7. How much is the ADMINISTRATIVE CLAIM: \$ <u>48,370.00</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	
8. What is the basis of the claim? <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> (See attached) <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly)	
Part 3 Sign Below	
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.	<div><i>Check the appropriate box:</i> <input type="checkbox"/> I am the creditor. <input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <input type="checkbox"/> I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.</div> <p>I understand that an authorized signature on this <i>Proof of Administrative Claim</i> serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>I have examined the information in this <i>Proof of Administrative Claim</i> and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>02/23/2024 12:30:14</u> <u>Eric R. von Helms</u> Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Eric R. von Helms</u> First name Middle name Last name</p> <p>Title <u>Attorney in Fact - Agent</u></p> <p>Company <u>Kohner, Mann & Kailas, S.C.</u> Identify the corporate servicer as the company if the authorized agent is a servicer.</p> <p>Address _____ Number Street</p> <p>City _____ State _____ Zip Code _____</p> <p>Contact Phone _____ Email <u>evonhelms@kmksc.com</u></p>

United States Bankruptcy Court for the Northern District of Iowa Mercy Hospital, Iowa City, Iowa c/o Epiq Corporate Restructuring, LLC P.O. Box 4420 Beaverton, OR 97076-4420		To submit your form online please go to https://epiqworkflow.com/cases/MCO . Use your Mail ID for access. Your Mail ID is as follows: 222711169
Name of Debtor: Case Number:		For Court Use Only
 BAR(23) MAIL ID *** 000222711169 *** MCO AMDSNTC 02-15-2024 (MERGE2,TXNUM2) 4000002129 ALLERGAN AESTHETICS DIV OF ABBVIE INC C/O KOHNER MANN & KAILAS SC 4650 N PORT WASHINGTON RD MILWAUKEE, WI 53212		
ADMINISTRATIVE CLAIM		
04/16		

This form is for making an administrative claim for payment in a bankruptcy case.

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Part I: Identify the Claim	
1. Who is the current creditor? Name of the current creditor (the person or entity to be paid for this claim): <u>Allergan Aesthetics, Division of Abbvie Inc.</u> Other names the creditor used with the debtor: <u>Allergan, Abbvie</u>	
2. Has this claim been acquired from someone else? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	
Where should notices to the creditor be sent? <u>Kohner, Mann & Kailas, S.C.</u> Name <u>4650 North Port Washington</u> Number Street <u>Milwaukee, WI 53212</u> City State Zip Code Country (if International): _____ Contact phone: <u>414-962-5110</u> Contact email: <u>evan@kmsc.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number Street _____ City State Zip Code _____ Country (if International): _____ Contact phone: _____ Contact email: _____
4. Does this claim amend one already filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims register (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2 Give Information About the Claim

6. Do you have any number you use to identify the debtor?

☒ No

☐ Yes.

Last 4 digits of the debtor's account or any number you use to identify the debtor:

7. How much is the ADMINISTRATIVE CLAIM:

\$ 48,570.00

Does this amount include interest or other charges?

☒ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

☒ Goods sold

☐ Services performed ☐ (See attached)

☐ Money loaned

☐ Personal injury/wrongful death

☐ Taxes

☐ Other (describe briefly)

Part 3 Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Administrative Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Administrative Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

02/23/2024
MM / DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name

Eric R. von Helms

First name

Middle name

Last name

Title

Attorney in Fact / Agent

Company

Kohner, Mann & Kates S.C.

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

4650 N. Port Washington Road

Number

Street

Milwaukee

City

WI

State

53212

Zip Code

Contact Phone

414-962-5110

Email

evonhelms@knhsc.com

abbvie

INVOICE

Any questions please contact
Accounts Receivable at 1-800-811-4148

Page 1 of 1
Fed Tax ID 80-0805709
DUNS # 07-845-8370

Bill to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer #50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Sold To # 50244342
Invoice # 604359084
Billing Date 09/05/2023
PO # B-317172
Payment Terms Net 30 Days
Net Due Date 10/05/2023

Payer # 50244342
Order # 110307904
Delivery # 512537148
Ship Date 09/05/2023

This invoice is governed by and subject to AbbVie's standard terms and conditions (T&Cs) of sale. T&Cs for Pharmaceutical products and Lupron are located at www.e-abbvie.com, for all other Direct to Physician, Retail and Aesthetic products T&Cs please contact the telephone number referenced above.

Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
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10	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
GTIN 00818410013790							

(Qty) Batch # EXP Date (1) RH249125 06/30/2025

SERIAL NO: RH249125-013

20	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
GTIN 00818410013790							

(Qty) Batch # EXP Date (1) RH249761 07/31/2025

SERIAL NO: RH249761-008

The price stated herein may constitute a discount within the meaning of 42 U.S.C. Sec 1320a-7b(3)(A) of the social security act and any similar applicable state law and you may have an obligation to properly disclose and accurately reflect such discount to any state or federal program which provides cost or charge based reimbursement to you for the items to which this discount applies. You should retain this invoice and any other price documentation and make them available to federal and state officials upon request.

Extended Price	\$19,324.00
Total Before Tax	\$19,324.00
Total Tax	\$0.00
Total	\$19,324.00

AbbVie US LLC, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. AbbVie US LLC certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.



AbbVie US LLC
62671 Collection Center Drive
Chicago, IL, 60693-0626

Thank you for your order

abbvie

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Page 1 of 1

Fed Tax ID 80-0805709

DUNS # 07-845-8370

Any questions please contact
Accounts Receivable at 1-800-811-4148

Bill to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Sold To # 50244342
Invoice # 604388149
Billing Date 09/08/2023
PO # 317387
Payment Terms Net 30 Days
Net Due Date 10/08/2023

Payer # 50244342
Order # 110350448
Delivery # 512591092
Ship Date 09/08/2023

This invoice is governed by and subject to AbbVie's standard terms and conditions (T&Cs) of sale. T&Cs for Pharmaceutical products and Lupron are located at www.e-abbvie.com, for all other Direct to Physician, Retail and Aesthetic products T&Cs please contact the telephone number referenced above.

Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
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10	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
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GTIN 00818410013790

(Qty) Batch # EXP Date (1) RH245807 01/31/2025

SERIAL NO: RH245807-015

The price stated herein may constitute a discount within the meaning of 42 U.S.C. Sec. 1320a-7b(1)(3)(A) of the social security act and any similar applicable state law and you may have an obligation to properly disclose and accurately reflect such discount to any state or federal program which provides cost or charge based reimbursement to you for the items to which this discount applies. You should retain this invoice and any other price documentation and make them available to federal and state officials upon request.

Extended Price	\$9,662.00
Total Before Tax	\$9,662.00
Total Tax	\$0.00
Total	\$9,662.00

AbbVie US LLC, of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. AbbVie US LLC certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.



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Chicago, IL, 60693-0626

Thank you for your order



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Page 1 of 1
Fed Tax ID 80-0805709
DUNS # 07-845-8370

Bill to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Sold To # 50244342
Invoice # 604404730
Billing Date 09/12/2023
PO # B-317490
Payment Terms Net 60 Days
Net Due Date 11/11/2023

Payer # 50244342
Order # 110379083
Delivery # 512627383
Ship Date 09/12/2023

This invoice is governed by and subject to AbbVie's standard terms and conditions (T&Cs) of sale. T&Cs for Pharmaceutical products and Lupron are located at www.e-abbvie.com, for all other Direct to Physician, Retail and Aesthetic products T&Cs please contact the telephone number referenced above.

Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
10	30-00033	NATRELLE Universal Fill Kit	1 EA (1/EA)	60.00	60.00	60.00	N

(Qty) Batch # EXP Date (1) 0061792770 08/31/2026

The price stated herein may constitute a discount within the meaning of 42 U.S.C. Sec. 1320a-7b(1)(3)(A) of the social security act and any similar applicable state law and you may have an obligation to properly disclose and accurately reflect such discount to any state or federal program which provides cost or charge based reimbursement to you for the items to which this discount applies. You should retain this invoice and any other price documentation and make them available to federal and state officials upon request.

Extended Price	\$60.00
Total Before Tax	\$60.00
Total Tax	\$0.00
Total	\$60.00

AbbVie US LLC of North Chicago, Illinois, hereby guarantees that the articles covered by this invoice are not adulterated or misbranded within the meaning of the Federal Food, Drug and Cosmetic Act, or the Insecticide Act of 1910, as amended, or within the meaning of any applicable state or municipal law in which the definitions of adulteration and misbranding are substantially the same as those contained in the Federal Food, Drug and Cosmetic Act, as said laws are effective as of the date of this invoice, and are not articles which may not, under the provision of section 404 or 505 of said Federal Food, Drug and Cosmetic Act, be introduced into interstate commerce. AbbVie US LLC certifies that the products covered by this invoice have been produced in compliance with the applicable requirements of the Fair Labor Standards Act of 1938, as amended, and regulations issued thereunder.



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62671 Collection Center Drive
Chicago, IL, 60693-0626

Thank you for your order



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Page 1 of 1

Fed Tax ID 80-0805709

DUNS # 07-845-8370

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Bill to Customer # 50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer #50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Sold To # 50244342
Invoice # 604405824
Billing Date 09/12/2023
PO # B-317490
Payment Terms Net 30 Days
Net Due Date 10/12/2023

Payer # 50244342
Order # 110379083
Delivery # 512628119
Ship Date 09/12/2023

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Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
20	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
GTIN 00818410013790							
(Qty) Batch # EXP Date (1) RH245774 01/31/2025							
SERIAL NO: RH245774-007							
30	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	1 EA (1/EA)	9662.00	9,662.00	9,662.00	N
GTIN 00818410013790							
(Qty) Batch # EXP Date (1) RH249281 06/30/2025							
SERIAL NO: RH249281-017							

The price stated herein may constitute a discount within the meaning of 42 U.S.C Sec 1320a-7b(3)(A) of the social security act and any similar applicable state law and you may have an obligation to properly disclose and accurately reflect such discount to any state or federal program which provides cost or charge based reimbursement to you for the items to which this discount applies. You should retain this invoice and any other price documentation and make them available to federal and state officials upon request.

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Chicago, IL, 60693-0626

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abbvie

INVOICE

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MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Ship to Customer #50244342
MERCY HOSP
500 E Market St
Iowa City IA 52245-2633

Sold To # 50244342
Invoice # 604431227
Billing Date 09/15/2023
PO # B-317691
Payment Terms Net 30 Days
Net Due Date 10/15/2023

Payer # 50244342
Order # 110417284
Delivery # 512681313
Ship Date 09/15/2023

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Line	Product #	Product Description	Quantity UOM(Size)	Unit Price	Extended Price	Net Price	Tax
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10	1519320P	AlloDerm SELECT 16x20 Perf-Thk 2.0-2.8	2 EA (1/EA)	9662.00	19,324.00	19,324.00	N
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GTIN 00818410013790

(Qty) Batch # EXP Date (2) RH242710 07/31/2024

SERIAL NO: RH242710-006, RH242710-007

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AbbVie US LLC
62671 Collection Center Drive
Chicago, IL, 60693-0626

Thank you for your order